

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

BR

PLAINTIFF James Worthem		COURT CASE NUMBER 07C6687
DEFENDANT Hickerson		TYPE OF PROCESS S/C
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Mr. A. Ting, Doctor, Cook County Jail	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) CCJ, C/O Legal Dept., 2nd. Flr Div. 5 2700 S. California Ave., Chicago, IL 60608	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
<div style="border: 1px solid black; padding: 5px;"> James Worthem #2007-0071905 COOK COUNTY JAIL P.O. Box 089002 Chicago, IL 60608 </div>		Number of process to be served with this Form - 285 1
		Number of parties to be served in this case 6
		Check for service on U.S.A. 0

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

FILED

MAR 3 2008 PH
MAR 3, 2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT.

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

02-11-08**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 2 of 6	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk TD	Date 02-11-08
---	--------------------------------	-------------------------------------	------------------------------------	---	-------------------------

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Jean Kiriazes
Director COF/RM

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service 2-22-08	Time 10:00 am
-----------------------------------	--------------------------------

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
-------------	---	----------------	---------------	------------------	--------------------------------	------------------

one service fee charged same case + location.REMARKS: **See process sheet # 1 for charges.**